COVID-19 Pandemic Guidance for Foster Care Group Home Facilities

The Washington State Department of Health has developed the following guidance to assist foster care group home facilities without onsite medical care in response to the COVID-19 pandemic. Foster care group home facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. Individuals over 60 years of age, immune compromised people, and those with chronic medical conditions may be at higher risk for severe illness from COVID-19.

Additional resources on how foster care group home facilities can prepare for and manage COVID-19 can be found at CDC’s Living in Shared Housing webpage.

Stay up-to-date

Assign someone to monitor public health updates from:

- Local Public Health Department
- Washington State Department of Health
- Washington State Coronavirus Response

Make a plan

Review and update your infection control preparedness plan.

- A policy for when and how staff should use personal protective equipment with residents.
- A plan for implementing respiratory hygiene throughout the facility, including implementing social distancing measures, cleaning and disinfecting regularly, and communicating how to personally prevent spread.
  - Close communal dining halls and deliver meals to residents.
  - Cancel events where people come together.
  - Be strategic about your activities to prevent any spread of COVID-19. (See “Social distancing” for more guidance on how to conduct group home activities.)
  - Cleaning and disinfecting frequently touched surfaces with EPA-registered disinfectant with a label indicating effectiveness against human coronavirus or emerging viral pathogens. (See “Cleaning and disinfecting procedures.”)
• A plan for grouping symptomatic residents using one or more of the following strategies:
  o If you have residents showing symptoms, you should contact a healthcare provider about getting the residents tested.
  o Asking symptomatic residents and exposed roommates to stay in their rooms.
  o Placing symptomatic residents together in one area of the facility.
  o Assigning staff to either affected or non-affected residents to prevent transmission between residents.
• Criteria and protocols for enforcing visitor limitations and how you will communicate those limitations.
  o Current statewide and nationwide guidance is to limit contact between individuals as much as possible at this time.
  o Ask visitors to not visit the facility at this time.
  o Suggest other options such as visiting by phone if possible.
• Have sick leave policy in place that addresses the needs of staff including:
  o Advising staff, caregivers, or volunteers who have COVID-19 symptoms that they should not report to work and to immediately report their symptoms to an identified manager.
    • Provide staff members with information about COVID-19 symptoms so they can self-assess before reporting for duty. (See “Communicate with staff, residents, and visitors.”)
  o A plan for what to do if staff develop COVID-19 symptoms while at work.
  o When staff can return to work after having a diagnosis of COVID-19.
  o Plans to accommodate staff who need to care for ill family members.
  o Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units or allow them to take sick time, if possible.
• Contingency staffing and patient placement plans:
  o Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
  o Contact your healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
• Criteria and protocols for new admissions when COVID-19 has been identified in the facility.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.
Identify and contact partners to coordinate

Identify public health and professional resources in the table below.

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<tr>
<th>Contact Name</th>
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Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

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Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington State](#).)

**Hospital Contacts**

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- **Residents referred to the hospital:** You will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.

- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility.

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Communicate with staff, residents, and visitors

- Educate staff, residents, and family members of residents about COVID-19. Make sure they know the potential risks for residents and basic prevention measures, such as:
  - Wash hands often with soap and water or use hand sanitizer made with at least 60% alcohol solution. (For staff tips, see When and How To Wash Your Hands.)
  - Cough and sneeze into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see Respiratory Hygiene/Cough Etiquette in Healthcare Settings.)
  - Frequently clean and disinfect surfaces and commonly shared objects (doorknobs, tables, counters, etc.)
  - Ask staff to use of personal protective equipment (PPE). PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See Sequence for putting on Personal Protective Equipment (PPE) for more information.)
  - Staff and visitors should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms.
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information the measures you are taking to protect your residents from COVID-19.
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

Watch for respiratory infection and COVID-19 symptoms in residents and staff

- Observe your residents and staff to detect respiratory infections.
  - Use and modify the resources below to monitor and track of influenza-like-illness (ILI) among residents and staff:
    - Respiratory Tract Infection Worksheet
    - Infection and Antibiotics Use Tracking Tool and Instructions
  - Assess incoming residents with respiratory symptoms. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:

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In the case a resident has symptoms of COVID-19 or a known exposure

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions. Sputum and oral swab specimens for COVID-19 should not be collected in the facility, unless you have a procedure that has been cleared by your local health department.

Social distancing

Reduce the potential exposures and ensure transmission does occur by implementing social distancing strategies:

- Reduce group sizes to no larger than 10 people total per group, including children and adults (for example, one adult and nine children, two adults and eight children, etc.).
- Do not combine groups for activities or at meal times. Maintain consistency of smaller groups day to day, where possible.
- Maximize space between group members. Try to limit 10 people per smaller room. Use large rooms, like gymnasiums, for multiple groups as square footage allows. Divide up the space by creating barriers with cones, chairs, or tables to ensure a minimum of 6 feet between the two groups.
- In the groups aim for at least 3 to 6 feet between each resident and staff member. As much as possible, minimize the amount of time residents and staff are in close contact with each other. The following will help you achieve this goal:
  - Plan activities that do not require close physical contact.
  - Do not plan large group activities. (Each activity should be limited to 10 total people, including staff.)
- Offer outdoor play in staggered shifts. If multiple groups are outside at the same time, they should have a minimum of 6 feet of open space between outdoor play areas or visit these areas in shifts so that they are not congregating.

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• Limit item sharing. If items are being shared, they should be cleaned. Remind residents and staff to not touch their faces and wash their hands after using these items.
• Use virtual tools for contracted services and appointments.
• Avoid trips to places with other people. Going for walks or to a park is okay.
• Eliminate family style meals and avoid congregating. If meals must be provided in a lunch room, stagger meal times, arrange tables to ensure that there is at least 6 feet of space between groups in the lunchroom, and clean tables between lunch shifts.
• When transporting residents maximize space between riders.

Additional hygiene practices

• Open windows frequently and adjust the HVAC system to allow for more fresh air to enter the program space. Keep windows open in vehicles when transporting residents.
• Require handwashing upon entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Help young children to ensure they are doing it effectively. If hands are visibly dirty, use soap and water to clean hands.
• Provide adequate supplies for good hygiene, including clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer.
• When serving meals and snacks, make sure employees are using gloves all the time and have employees, instead of the children, handle utensils and serve food to reduce spread of germs.

Cleaning and disinfecting procedures

• Clean and then disinfect surfaces and objects that are touched often daily. This includes bathrooms, water coolers, desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys.
• Follow standard procedures for cleaning with third party certified (Green Seal, EPA Fragrance-free Safer Choice) “green” cleaners and disinfecting with an Environmental Protection Agency (EPA) disinfectant registered for use against the novel coronavirus - see List N: Disinfectants for Use Against SARS-CoV-2.
• Surfaces must be thoroughly cleaned to remove all organic matter before a sanitizer or disinfectant is applied for the required wet dwell time. No disinfectant or sanitizer works with organic matter. Thorough cleaning with soap, water, and a microfiber cloth will remove most microorganisms.
• Shared hands-on teaching materials need to be cleaned at the end of the day. Soap and water is the first step. Some items could then be sanitized. Limit shared materials to those that can be easily cleaned and disinfected at the end of the day or more often as needed.
Minimize the potential for the spread of germs in the program space by temporarily removing toys that are not easily cleanable, such as stuffed animals and pillows. Rotate the toys that are out at any one particular time so that they can be adequately cleaned and sanitized.

**More COVID-19 Information and Resources**

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee’s proclamations, symptoms, how it spreads, and how and when people should get tested. See our [Frequently Asked Questions](#) for more information.

The risk of COVID-19 is not connected to race, ethnicity or nationality. **Stigma will not help to fight the illness.** Share accurate information with others to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

**Have more questions about COVID-19?** Call our hotline: **1-800-525-0127.** For interpretative services, press # when they answer and say your language. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.